

IN THE CIRCUIT COURT OF THE  
15<sup>TH</sup> JUDICIAL CIRCUIT IN AND FOR  
PALM BEACH COUNTY, FLORIDA

CASE NO: 2014-CA-002034-O (AA)

CHARISSEY Y. MATTHEWS and  
WAYNE A. DIXSON, individually and  
as Parents and Natural Guardians of  
MATTHEW DIXSON, a minor,

Plaintiff(s),

v.

DUDLEY G. BROWN, JR., M.D.,  
TENET FLORIDA PHYSICIANS  
SERVICES, LLC, BERTO LOPEZ,  
M.D., BERTO LOPEZ, M.D., P.A., and  
TENET GOOD SAMARITAN, INC.  
d/b/a GOOD SAMARITAN MEDICAL  
CENTER,

Defendant(s).

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PLAINTIFFS' NOTICE OF FILING  
DEPOSITION OF DEBRA JONES, MD

Plaintiffs, CHARISSE Y. MATTHEWS and WAYNE A. DIXSON,  
individually and as Parents and Natural Guardians of MATTHEW DIXSON, a  
minor, by and through the undersigned counsel, hereby file the attached Deposition  
transcript of Debra Jones, MD, taken on January 6, 2015.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy of the foregoing was served by email via Florida Courts e-Filing Portal this 27<sup>th</sup> day of October, 2015, to all counsel on the attached service list.

LOREEN I. KREIZINGER, P.A.  
*Attorney for Plaintiffs*  
110 Tower - 20<sup>th</sup> Floor  
110 SE Sixth Street  
Fort Lauderdale, FL 33301  
Phone: 954-766-8875  
Fax: 954-728-3485  
Email: kreizingerlaw@aol.com

By: /s/ Loreen I. Kreizinger  
LOREEN I. KREIZINGER  
FLA. BAR NO. 855588

**SERVICE LIST**

**James C. Sawran, Esquire**

*Attorney for Defendant GSMC*  
McIntosh, Sawran & Cartaya, P.A.  
Post Office Box 7990  
Fort Lauderdale, FL 33338-7990  
Email: jsawran@mscesq.com  
jcspleadings@mscesq.com  
Dazzarelli@mscesq.com

**Manuel R. Comras, Esquire**

*Attorney for Defendants Dudley G. Brown,  
Jr., M.D. and Tenet Florida Physician  
Services, LLC*  
Billing, Cochran, Lyles, Mauro & Ramsey, P.A.  
1601 Forum Place, Suite 400  
West Palm Beach, FL 33401  
Email: wpb-pleadings@bclmr.com  
LizM@bclmr.com

**Gordon Lea, Esquire**

*Attorney for Defendants Berto Lopez, M.D.,  
and Berto Lopez, M.D., P.A.*  
Lubell & Rosen  
Museum Plaza, Suite 900  
200 South Andrews Avenue  
Fort Lauderdale, FL 33301  
Email: gl@lubellrosen.com  
amanda@lubellrosen.com

IN THE CIRCUIT COURT OF THE  
11TH JUDICIAL CIRCUIT IN  
AND FOR MIAMI-DADE COUNTY, FLORIDA

CHARISSE Y. MATTHEWS and WAYNE  
A. DIXON, individually and as  
Parents and Natural Guardians of  
MATTHEW DIXSON, a minor,

Plaintiffs,

vs.

No. 2014 CA 002034 (AA)

DUDLEY G. BROWN, JR., M.D.;  
TENET FLORIDA PHYSICIAN  
SERVICES, LLC; BERTO LOPEZ,  
M.D., P.A., BERTO LOPEZ, M.D.,  
AND TENET GOOD SAMARITAN, INC.  
D/B/A GOOD SAMARITAN MEDICAL  
CENTER,

Defendants.

1200 North Federal Highway  
Boca Raton, FL  
January 6, 2015  
3:10 p.m.

THE DEPOSITION OF

DEBRA JONES, M.D.

Taken on Behalf of the Defendants  
Pursuant to Notice of Taking Deposition  
Commencing at or about 3:10 p.m.

<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:  2 On behalf of Plaintiff:  3 LOREEN I. KREIZINGER, P.A.  4 2601 East Oakland Park Boulevard  Suite 300  5 Ft. Lauderdale, FL 33306  BY: LOREEN I. KREIZINGER, ESQ.  6  7 On behalf of Dr. Jones:  8 KOGAN PROBER, P.A.  200 South Andrews Avenue  9 Suite 901  Fort Lauderdale, FL 33301  10 BY: PAUL KOGAN, ESQ.  11 On behalf of GOOD SAMARITAN:  12 McINTOSH, SAWRAN &amp; CARTAYA, P.A.  1601 Forum Place, Ste 602  13 West Palm Beach, FL 33401  BY: DAVID C. DUNHAM, ESQ.  14  15 On behalf of DR. LOPEZ:  16 LUBELL &amp; ROSEN, LLC  200 South Andrews Avenue, Ste 900  Fort Lauderdale, FL 33301  17 BY: VANESSA DUFFEY, ESQ.  18 On behalf of DR. BROWN:  BILLING, COCHRAN, LYLES, MAURO &amp; RAMSEY, P.A.  19 1601 Forum Place, Ste 400  West Palm Beach, FL 33401  20 BY: MANUEL R. COMRAS, ESQ.  21  22 REPORTED BY:  23 SHIRLEY J. BARBER, RPR  ALPHA &amp; OMEGA REPORTING SERVICES, INC.  24 1776 E. Sunrise Boulevard  Ft. Lauderdale, FL 33304  25 954.523.6422</p>	<p style="text-align: right;">Page 4</p> <p style="text-align: center;">I N D E X</p> <table> <tr> <th>Examination</th> <th>Page</th> </tr> <tr> <td>3 Direct By Mr. Dunham</td> <td>5</td> </tr> <tr> <td>Cross By Mr. Comras</td> <td>28</td> </tr> <tr> <td>4 Cross By Ms. Duffey</td> <td>35</td> </tr> <tr> <td>Cross By Ms. Kreizinger</td> <td>38</td> </tr> </table> <p style="text-align: center;">D E F E N S E   E X H I B I T S</p> <table> <tr> <th>No.</th> <th>Page</th> </tr> <tr> <td>8 1 Request For Services For Maternal Fetal Medicine</td> <td>15</td> </tr> <tr> <td>10 2 Dr. Jones Obstetrical Ultrasound Report</td> <td>23</td> </tr> <tr> <td>11 3 Obstetrical Ultrasound Report</td> <td>24</td> </tr> </table> <p style="text-align: center;">** Exhibits Not Attached To Deposition **</p>	Examination	Page	3 Direct By Mr. Dunham	5	Cross By Mr. Comras	28	4 Cross By Ms. Duffey	35	Cross By Ms. Kreizinger	38	No.	Page	8 1 Request For Services For Maternal Fetal Medicine	15	10 2 Dr. Jones Obstetrical Ultrasound Report	23	11 3 Obstetrical Ultrasound Report	24
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<p style="text-align: right;">Page 3</p> <p>1 *****  2 STIPULATIONS  3 It is stipulated and agreed by and between  4 counsel for the respective parties that:  5 Reading and subscription of the deposition by  6 the witness are not waived.  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25</p>	<p style="text-align: right;">Page 5</p> <p>1 Thereupon:  2 DEBRA JONES, M.D.  3 a witness named in the notice heretofore filed,  4 being of lawful age and having been first duly  5 sworn, testified on her oath as follows:  6 DIRECT EXAMINATION  7 BY MR. DUNHAM  8 Q. Good afternoon. Could you state your name  9 for the record, please?  10 A. Debra Ann Jones.  11 Q. I'm going to call you doctor because it's  12 the rightful thing to do. Dr. Jones, I represent  13 Good Sam Medical Center, better known as Good  14 Samaritan Medical Center, and we're here to take  15 your deposition.  16 MR. DUNHAM: I would like everybody, if  17 they would please, to state their appearance  18 for the record starting with your counsel,  19 please.  20 MR. KOGAN: Paul Kogan on behalf of Dr.  21 Jones.  22 MS. KREIZINGER: Loreen Kreizinger on  23 behalf of the plaintiff.  24 MS. DUFFEY: Vanessa Duffey for Dr. Lopez  25 and Dr. Lopez, P.A.</p>																		

2 (Pages 2 to 5)

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<p>1 MR. COMRAS: Manuel Comras on behalf of</p> <p>2 Dr. Dudley Brown and Tenet Florida Physician</p> <p>3 Services.</p> <p>4 MR. DUNHAM: Thank you, everybody.</p> <p>5 BY MR. DUNHAM</p> <p>6 Q. Dr. Jones, have you ever taken -- have you</p> <p>7 ever had your deposition taken before?</p> <p>8 A. Yes, I have.</p> <p>9 Q. Okay. There's a list of rules but seeing</p> <p>10 that you've taken your deposition before, I'm going</p> <p>11 to cut through all that and if things come up during</p> <p>12 the deposition, we'll probably remind you of what's</p> <p>13 going on.</p> <p>14 You've provided us your name. Please</p> <p>15 state what you do for a living.</p> <p>16 A. I am a physician and I am a maternal fetal</p> <p>17 medicine specialist and obstetrician and</p> <p>18 gynecologist.</p> <p>19 Q. Okay. Are you presently licensed?</p> <p>20 A. Yes, I am.</p> <p>21 Q. And where are you licensed?</p> <p>22 A. State of Florida.</p> <p>23 Q. And what is the nature of your license?</p> <p>24 A. Medical license.</p> <p>25 Q. Any specialty?</p>	<p>1 care and management of the high risk mother and</p> <p>2 fetus.</p> <p>3 Q. What do you mean by high risk mother or</p> <p>4 fetus?</p> <p>5 A. Well, the high risk mother -- you know,</p> <p>6 any mother that is -- has a pre-existing medical</p> <p>7 condition or develops a medical condition while</p> <p>8 they're pregnant or a pregnancy complication when</p> <p>9 they're pregnant, people who have multiple</p> <p>10 pregnancies. Fetuses can have congenital anomalies,</p> <p>11 most of them are the ones that we care for or who</p> <p>12 are at risk for developing fetal anomalies, we care</p> <p>13 for those.</p> <p>14 Q. Okay. Do you maintain a CV?</p> <p>15 A. Yes, I do.</p> <p>16 Q. Did you bring it with you?</p> <p>17 A. No, I didn't. I actually looked at it and</p> <p>18 said, no, they don't need it.</p> <p>19 Q. Okay. I don't think we asked for it so</p> <p>20 that's okay.</p> <p>21 Can you give us just a -- a brief summary</p> <p>22 of your educational background?</p> <p>23 A. Brief summary, post -- I graduated at</p> <p>24 Wayne State University for my Bachelor of Science,</p> <p>25 did my medical education at Wayne State University</p>
Page 7	Page 9
<p>1 A. No.</p> <p>2 Q. Okay. How long have you had that license?</p> <p>3 A. 1992 or three, I believe.</p> <p>4 Q. Okay. Are you presently licensed anywhere</p> <p>5 else?</p> <p>6 A. Not actively, no.</p> <p>7 Q. Okay. Were you licensed -- have you been</p> <p>8 licensed anywhere else?</p> <p>9 A. Yes.</p> <p>10 Q. Where?</p> <p>11 A. New York and New Mexico.</p> <p>12 Q. And when were you licensed in New York and</p> <p>13 give me a time range?</p> <p>14 A. Yeah. 1986 until 1992 roughly.</p> <p>15 Q. And for New Mexico?</p> <p>16 A. 1991 through 1993.</p> <p>17 Q. Okay. Were you residing in those states</p> <p>18 at the time you were licensed there?</p> <p>19 A. In New York, I was doing my OB/GYN</p> <p>20 residency and New Mexico my fellowship in maternal</p> <p>21 fetal medicine.</p> <p>22 Q. Could you describe what -- what maternal</p> <p>23 fetal medicine is briefly?</p> <p>24 A. Briefly, it's a sub-specialty of</p> <p>25 obstetrics and gynecology and we concentrate on the</p>	<p>1 in Detroit between '82 and '86. Went from there to</p> <p>2 New York. Did a training in New York from '86 to</p> <p>3 '91 and from there went to New Mexico where I did a</p> <p>4 fellowship in maternal fetal medicine and then I</p> <p>5 have been in Florida since '93.</p> <p>6 Q. Okay. Where did you do that fellowship?</p> <p>7 A. University of New Mexico.</p> <p>8 Q. Okay. Is that the Lobos?</p> <p>9 A. Yes.</p> <p>10 Q. A lifetime of watching collegiate</p> <p>11 athletics.</p> <p>12 We're here today to take your deposition</p> <p>13 relative to treatment of Ms. Charisse Matthews, the</p> <p>14 plaintiff in this case. Do you recall treating Ms.</p> <p>15 Matthews at all?</p> <p>16 A. No, I don't.</p> <p>17 Q. Okay. Prior to today's deposition, have</p> <p>18 you had an opportunity to review the -- actually</p> <p>19 let's backup a little bit.</p> <p>20 Where are you presently employed?</p> <p>21 A. I am presently employed at OB/GYN</p> <p>22 Specialists of the Palm Beaches.</p> <p>23 Q. And how long have you been employed there?</p> <p>24 A. I have been employed there since 1998.</p> <p>25 Q. Okay. Do you hold any type of officer</p>

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<p style="text-align: right;">Page 10</p> <p>1 position at that -- at that company?</p> <p>2 A. I am a secretary.</p> <p>3 Q. Okay. Corporate secretary?</p> <p>4 A. Corporate secretary.</p> <p>5 Q. Okay. Is there also another entity</p> <p>6 affiliated with OB/GYN Specialists called Perinatal</p> <p>7 Specialists of the Palm Beaches?</p> <p>8 A. There was an entity by the name of</p> <p>9 Perinatal Specialists of the Palm Beaches and at --</p> <p>10 yes.</p> <p>11 Q. Okay. And did they exist back in 2011?</p> <p>12 A. Yes.</p> <p>13 Q. What happened to them?</p> <p>14 A. Well, it was a tax ID number really for</p> <p>15 the purposes of billing. And when we were able to</p> <p>16 bill under one tax ID number to differentiate the</p> <p>17 high risk doctors from the low risk doctors,</p> <p>18 Perinatal Specialists just sort of died a corporate</p> <p>19 death, didn't have anything in it other than the tax</p> <p>20 ID number for billing purposes because insurance</p> <p>21 companies couldn't figure out who was who.</p> <p>22 Q. And one of those doctors that needed to</p> <p>23 bill under the high risk would have been you,</p> <p>24 correct?</p> <p>25 A. Myself, yeah.</p>	<p style="text-align: right;">Page 12</p> <p>1 A. Just the report.</p> <p>2 Q. All right. Before we get there, do you</p> <p>3 know how Ms. Matthews was referred to you?</p> <p>4 A. No.</p> <p>5 Q. Okay. I want to show you a document and</p> <p>6 see if you recognize this document. I'm going to</p> <p>7 pass it around, every one take a look at it first.</p> <p>8 MS. KREIZINGER: I'm going to object</p> <p>9 because this is dated August 1st, he saw her on</p> <p>10 August 10th so there was only one visit which</p> <p>11 was August 10. I don't know who that was for.</p> <p>12 MR. DUNHAM: You're going to object to it</p> <p>13 on that grounds?</p> <p>14 MS. KREIZINGER: I'm just going to object.</p> <p>15 MR. DUNHAM: Okay. You don't want to hear</p> <p>16 my question first?</p> <p>17 MS. KREIZINGER: Sure. Go ahead.</p> <p>18 BY MR. DUNHAM</p> <p>19 Q. I just want to show you this document and</p> <p>20 see if you recognize this document or if it was one</p> <p>21 of the documents that you saw in the file when you</p> <p>22 reviewed it for today's deposition?</p> <p>23 A. I recognize the form. I didn't review.</p> <p>24 This is a standard form for -- that we have in our</p> <p>25 office for request of our services.</p>
<p style="text-align: right;">Page 11</p> <p>1 Q. Okay. Who else do you recall back in</p> <p>2 2011?</p> <p>3 A. In 2011, well, definitely would be</p> <p>4 Dr. Morel and Dr. Guidetti. Those are the three</p> <p>5 that I would know off the bat. There might have</p> <p>6 been a fourth but I don't know if in 2011 if he was</p> <p>7 employed. I don't think so.</p> <p>8 Q. Before today's deposition, did you have an</p> <p>9 opportunity to review Charisse Matthews' file for</p> <p>10 OB/GYN Specialists of the Palm Beaches?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. And based on your review of that</p> <p>13 file, did you come across some treatment that you</p> <p>14 performed related to her care?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. And what was that, tell us, please?</p> <p>17 A. I read a fetal echo that she had some time</p> <p>18 during the care.</p> <p>19 Q. Okay. Were you the primary physician</p> <p>20 assigned to her?</p> <p>21 A. No.</p> <p>22 Q. Ms. Matthews, okay.</p> <p>23 A. Huh-uh.</p> <p>24 Q. Did you bring a copy of that record with</p> <p>25 you by the way? Just the report? Okay.</p>	<p style="text-align: right;">Page 13</p> <p>1 Q. Okay. And on this form, do you see who</p> <p>2 requested your services?</p> <p>3 A. Dr. Berto Lopez.</p> <p>4 Q. And is there a notation on this form</p> <p>5 indicating who specifically he was trying to get an</p> <p>6 appointment with or who actually got the appointment</p> <p>7 at your office?</p> <p>8 A. It says August 1st, 11:30 a.m. PJ office</p> <p>9 and I don't know if that's our writing or his</p> <p>10 writing.</p> <p>11 Q. Fair enough. And who was the doctor</p> <p>12 indicated for that August 1st appointment?</p> <p>13 A. Dr. Jones.</p> <p>14 Q. Okay. And that would have been you?</p> <p>15 A. That would have been me, yes.</p> <p>16 Q. Okay. But it's your testimony that you</p> <p>17 did not -- you did not --</p> <p>18 A. No, I didn't see.</p> <p>19 Q. -- treat her?</p> <p>20 A. No, I didn't.</p> <p>21 Q. All right. Do you know Dr. Lopez?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. How do you know Dr. Lopez?</p> <p>24 A. Referring physician in our community.</p> <p>25 Q. Okay. Has he referred cases to you</p>

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<p style="text-align: right;">Page 14</p> <p>1 before?</p> <p>2 A. Yes, he has.</p> <p>3 MS. KREIZINGER: Can I just pick this up?</p> <p>4 I'm waiting for a delivery at my house.</p> <p>5 (Thereupon, a discussion was held off the</p> <p>6 record, after which the following proceedings</p> <p>7 were held:)</p> <p>8 BY MR. DUNHAM</p> <p>9 Q. Back on the record.</p> <p>10 Where was I? I don't even know.</p> <p>11 So your -- in your review of the file, the</p> <p>12 only document or treatment, excuse me -- the only</p> <p>13 treatment you're aware of was your review of a -- of</p> <p>14 a -- was it a sonogram?</p> <p>15 A. Yes, it's an ultrasound specifically of</p> <p>16 the fetal heart.</p> <p>17 Q. Okay. Well, over -- I want to take care</p> <p>18 of a little business here before we go much further.</p> <p>19 MR. DUNHAM: May I attach this and</p> <p>20 identify as 1?</p> <p>21 MR. COMRAS: Yes.</p> <p>22 MS. KREIZINGER: Yes, it's just the</p> <p>23 document that you referred to.</p> <p>24 MR. DUNHAM: Right. It would be the</p> <p>25 request for services for maternal fetal</p>	<p style="text-align: right;">Page 16</p> <p>1 THE WITNESS: Oh, yeah.</p> <p>2 MR. DUNHAM: We're going to get to that.</p> <p>3 This is what you brought and we'll talk about</p> <p>4 this first.</p> <p>5 THE WITNESS: Okay.</p> <p>6 BY MR. DUNHAM</p> <p>7 Q. All right. Can you describe what you</p> <p>8 brought for us?</p> <p>9 A. What I brought was the report from</p> <p>10 Charisse Matthews' fetal echo that is the electronic</p> <p>11 version that's in our EHR.</p> <p>12 Q. Okay.</p> <p>13 A. And it is a -- you know, tells you the</p> <p>14 indication of the -- do you want to go through that?</p> <p>15 Q. Sure.</p> <p>16 A. The indication of the tests, a little</p> <p>17 about the patient's age, her dating criteria, the</p> <p>18 dating criteria of the fetus, the position of the</p> <p>19 baby, the heart rate, the amount of amniotic fluid,</p> <p>20 what we saw when we looked at the heart and the</p> <p>21 summary of the report.</p> <p>22 Q. Okay. Well, let me stop you there and</p> <p>23 let's go through those, those specific categories.</p> <p>24 Could you state for the record what it provided for</p> <p>25 indication?</p>
<p style="text-align: right;">Page 15</p> <p>1 medicine.</p> <p>2 (Thereupon, the referred-to document was</p> <p>3 marked by the court reporter as Defendant's</p> <p>4 Exhibit 1.)</p> <p>5 BY MR. DUNHAM</p> <p>6 Q. So is that a copy for us or is that your</p> <p>7 copy or --</p> <p>8 A. If you need it, it's your copy.</p> <p>9 Q. Okay. I want to review it for a second to</p> <p>10 see if it's similar to what I have and I might pass</p> <p>11 it down here to make sure everybody has the same</p> <p>12 one. Do you want to look at this?</p> <p>13 A. Hopefully, I printed page one and two. I</p> <p>14 don't know if it's just one page. It might be just</p> <p>15 one page.</p> <p>16 MS. KREIZINGER: I only have a one page.</p> <p>17 THE WITNESS: It's a one page?</p> <p>18 MR. DUNHAM: I think I only have one pager</p> <p>19 too.</p> <p>20 MR. COMRAS: Mine is different but...</p> <p>21 MR. DUNHAM: Actually, we're going to get</p> <p>22 to that. Do you have any others? This was</p> <p>23 actually in the -- in the computerized records</p> <p>24 that we received I think through your office.</p> <p>25 MR. COMRAS: Okay.</p>	<p style="text-align: right;">Page 17</p> <p>1 A. Obesity.</p> <p>2 Q. Okay. And in light of your specialty, is</p> <p>3 that a high risk factor with mothers?</p> <p>4 A. Obesity?</p> <p>5 Q. Uh-huh.</p> <p>6 A. Yes.</p> <p>7 Q. Okay. Is there anything else prior to the</p> <p>8 report summary of significance that you see in this</p> <p>9 report?</p> <p>10 A. Could you be more specific? I'm sorry, I</p> <p>11 don't understand your question.</p> <p>12 Q. Yeah. There was a couple questions I</p> <p>13 actually wanted to ask.</p> <p>14 This report is based on your read of a</p> <p>15 film; is that correct or your read of an image?</p> <p>16 A. Of an image.</p> <p>17 Q. Okay.</p> <p>18 A. Digital image.</p> <p>19 Q. Of a digital image. And is it -- take me</p> <p>20 through the process of how this -- this echo is done</p> <p>21 generally. Are you the one that does the echo or is</p> <p>22 there a tech that performs this?</p> <p>23 A. It's performed by a ultrasound</p> <p>24 technologist, she brings the patient into the room,</p> <p>25 she puts some gel on the abdomen and with a wand,</p>

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<p style="text-align: right;">Page 18</p> <p>1 she takes certain pictures that we've asked her to</p> <p>2 take for the specific study that we're looking for.</p> <p>3 Q. Okay. And let me stop you right there.</p> <p>4 Who would -- who would direct her, who would give</p> <p>5 her the specific images, the doctor?</p> <p>6 A. Could you repeat the question?</p> <p>7 Q. Sure. You said that the technologist will</p> <p>8 take certain images, views, that is requested of her</p> <p>9 by -- by the doctor. Would it be the treating</p> <p>10 doctor or in this case, would this one have been by</p> <p>11 you, would you have directed her?</p> <p>12 A. This ultrasound would be based on</p> <p>13 guidelines that we have internally in our office --</p> <p>14 Q. Okay. Okay.</p> <p>15 A. -- for a fetal echo for this specific</p> <p>16 study.</p> <p>17 Q. As part of your review and analysis of</p> <p>18 this image at that time, would you have gone in</p> <p>19 and -- and met Ms. Matthews?</p> <p>20 A. No. This would be placed on a server and</p> <p>21 I would have looked at the images remotely at a time</p> <p>22 that might not necessarily be the same date and</p> <p>23 time --</p> <p>24 Q. Okay.</p> <p>25 A. -- as the -- as the -- as the ultrasound.</p>	<p style="text-align: right;">Page 20</p> <p>1 Q. Okay. Have you had a chance before</p> <p>2 today's deposition to actually look at -- relook at</p> <p>3 this image?</p> <p>4 A. No. I have not relooked at the images,</p> <p>5 no.</p> <p>6 Q. Okay. I'll posit the question again,</p> <p>7 prior to report summary, is there anything that you</p> <p>8 see, looking at the numbers, the indication,</p> <p>9 anything what you would consider significant meaning</p> <p>10 something as a physician you would look at and</p> <p>11 there's a number or a range that looks like it</p> <p>12 needed to be commented on or be significant in a</p> <p>13 future diagnosis?</p> <p>14 A. No. Nothing. Nothing.</p> <p>15 Q. Okay. Going to the report summary, is</p> <p>16 this from the report summary down, would this be</p> <p>17 your -- your writing, your product?</p> <p>18 A. It is -- could be a combination of my --</p> <p>19 my product and the technologist's product. The part</p> <p>20 that is acoustically challenged, scan, views limited</p> <p>21 due to maternal body habitus all the way down, that</p> <p>22 is probably the stenographer, not probably, is the</p> <p>23 stenographer's, you know, typing.</p> <p>24 The recommendation part where it says</p> <p>25 recommendations again, the stenographer and targeted</p>
<p style="text-align: right;">Page 19</p> <p>1 Q. Okay. And as part of your analysis of</p> <p>2 this film, would you have looked at any of the</p> <p>3 previous reports or medical records in Ms. Matthews'</p> <p>4 file?</p> <p>5 A. No.</p> <p>6 Q. So going back -- jumping forward a little</p> <p>7 bit again, so the -- the technologist will take the</p> <p>8 images directed pursuant to the guidelines set forth</p> <p>9 and at this stage, do you recall what those</p> <p>10 guidelines generally were, was there a specific view</p> <p>11 sought for any specific reason that you're aware of?</p> <p>12 A. Well, to do a fetal echo, there are</p> <p>13 certain views that we like to obtain to say that</p> <p>14 we've looked at the heart in detail. The fetal echo</p> <p>15 is just a detailed evaluation really specifically of</p> <p>16 the fetal heart.</p> <p>17 Q. Okay.</p> <p>18 A. So there's several views that we have to</p> <p>19 or we try to get to complete the evaluation of the</p> <p>20 heart, to rule out any heart anomalies in the fetus.</p> <p>21 Q. Okay. And would these guidelines or</p> <p>22 protocols the technician needed to follow in order</p> <p>23 to take the image be modified because of the</p> <p>24 indication of obesity?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 21</p> <p>1 ultrasound all the way down is something that we put</p> <p>2 on all our ultrasounds regardless of -- regardless</p> <p>3 of what kind of ultrasound is being done, that</p> <p>4 little statement is a can statement that we put on</p> <p>5 all our ultrasounds because we want people to know</p> <p>6 that ultrasound is not 100 percent, it varies based</p> <p>7 on the baby's size, position, etc., and there's some</p> <p>8 limitations in ultrasounds so that's just a can</p> <p>9 statement.</p> <p>10 The part right after impression could have</p> <p>11 been some of it, mine if I thought that they were</p> <p>12 limited views of these particular things, you know,</p> <p>13 the right outflow tract, the foraminal valley, the</p> <p>14 pulmonary veins, the aortic and pulmonary valve</p> <p>15 Dopplers but I can't tell you today as we sit here,</p> <p>16 you know, did I do all of it, did she do all of it,</p> <p>17 so it could be a combination of those.</p> <p>18 Q. But as the physician, you're the one</p> <p>19 that's ultimately responsible?</p> <p>20 A. Oh, absolutely. Absolutely. The whole --</p> <p>21 the whole report.</p> <p>22 Q. So if there's something that she had</p> <p>23 written that you disagreed with, you would have</p> <p>24 taken it out, correct?</p> <p>25 A. Yes.</p>

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<p style="text-align: right;">Page 22</p> <p>1 Q. Okay. And in your review of the film, if</p> <p>2 you believe that it was acoustically challenged and</p> <p>3 were limited due to the maternal body habitus, you</p> <p>4 would have left it in there, correct?</p> <p>5 A. Absolutely.</p> <p>6 Q. Okay. Can you tell us in laymen's terms</p> <p>7 what exactly that means, that sentence?</p> <p>8 A. Which one?</p> <p>9 Q. The acoustically challenged, starting with</p> <p>10 the acoustically challenged.</p> <p>11 A. Oh, that meant that because of the</p> <p>12 patient's size, which is the maternal body habitus,</p> <p>13 that it was difficult to get clear views of the</p> <p>14 structures that we were trying to get.</p> <p>15 Q. And when you say size, what specifically</p> <p>16 --</p> <p>17 A. Obesity.</p> <p>18 Q. Her obesity, okay. The can statement at</p> <p>19 the very bottom, would that be -- again, if it</p> <p>20 wasn't applicable --</p> <p>21 A. No.</p> <p>22 Q. -- to this case, would you have taken it</p> <p>23 out?</p> <p>24 A. Absolutely not.</p> <p>25 Q. Okay. In light of the fact that the</p>	<p style="text-align: right;">Page 24</p> <p>1 A. It should be, yes.</p> <p>2 Q. Okay. Actually, I would like to give you</p> <p>3 an opportunity, a minute or two, just to review</p> <p>4 both. I'm giving you back Exhibit 2 and the</p> <p>5 document that I guess at this point I would like to</p> <p>6 identify as Exhibit 3 without any objection.</p> <p>7 Hearing none.</p> <p>8 (Thereupon, the referred-to document was</p> <p>9 marked by the court reporter as Defendant's</p> <p>10 Exhibit 3.)</p> <p>11 THE WITNESS: Okay.</p> <p>12 BY MR. DUNHAM</p> <p>13 Q. You've had a chance to review that, is</p> <p>14 basically the content of Exhibit 2 to this</p> <p>15 deposition the same as the content of Exhibit 3, the</p> <p>16 two reports?</p> <p>17 A. Yes.</p> <p>18 Q. Okay. Could you explain to us why there</p> <p>19 would be two?</p> <p>20 A. Okay. The report that you just handed to</p> <p>21 me --</p> <p>22 Q. Exhibit 3.</p> <p>23 A. This is the report that comes out of the</p> <p>24 ultrasound machines and that gets sent to the</p> <p>25 referring physician.</p>
<p style="text-align: right;">Page 23</p> <p>1 indication was obesity, does this specifically --</p> <p>2 would this particularly apply to this -- this</p> <p>3 patient?</p> <p>4 A. Yes.</p> <p>5 Q. Okay. I want to show you -- I would like</p> <p>6 to have that marked as Exhibit 2.</p> <p>7 A. My copy?</p> <p>8 Q. If that's okay.</p> <p>9 A. That's fine.</p> <p>10 (Thereupon, the referred-to document was</p> <p>11 marked by the court reporter as Defendant's</p> <p>12 Exhibit 2.)</p> <p>13 BY MR. DUNHAM</p> <p>14 Q. I would like to show you another document</p> <p>15 but I would like to pass it around first. Have</p> <p>16 everybody look at it, including your counsel.</p> <p>17 Do you recognize that one?</p> <p>18 MR. COMRAS: (indicated).</p> <p>19 BY MR. DUNHAM</p> <p>20 Q. Can you identify that -- that document for</p> <p>21 us that I just handed around?</p> <p>22 A. This is the ultrasound report, fetal echo.</p> <p>23 Q. And would that be the report that was what</p> <p>24 we just talked about that was electronically in your</p> <p>25 medical records?</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. Okay.</p> <p>2 A. Once this much nicer looking report gets</p> <p>3 sent out to the referring physician, an HL7 report</p> <p>4 is pushed to the medical record so that we can keep</p> <p>5 it in the electronic medical record.</p> <p>6 The ultrasound software and our electronic</p> <p>7 medical software, where we keep the medical records,</p> <p>8 that's the only way that they can communicate. They</p> <p>9 can't actually attach a PDF of the ultrasound report</p> <p>10 that's sent out to the physician. So it goes out</p> <p>11 looking, you know, nice, it's got our logo, it's got</p> <p>12 our -- the fact that we're AIUM certified, our</p> <p>13 address, et cetera as opposed to sending this copy</p> <p>14 that goes to the medical record, you know, the</p> <p>15 electronic medical record is kept there. So that's</p> <p>16 why there's a difference between the two, the format</p> <p>17 looks different.</p> <p>18 Q. Okay. And I think I heard -- I just want</p> <p>19 to be clear, the report that is Exhibit 3 to this</p> <p>20 deposition would have been a copy that had gone to</p> <p>21 the referring physician?</p> <p>22 A. The one that you just handed me, yes.</p> <p>23 Q. Okay. And in that case, it was Dr. Lopez?</p> <p>24 A. Yes.</p> <p>25 Q. I'll grab Exhibit 2. By the -- by the</p>

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<p style="text-align: right;">Page 26</p> <p>1 terms acoustically challenged scan, does that mean</p> <p>2 there was a difficulty in obtaining the images</p> <p>3 necessary? What exactly -- can you explain to us in</p> <p>4 laymen's terms what acoustically challenged scan</p> <p>5 means?</p> <p>6 A. That's to let us know that it was</p> <p>7 difficult to get the images. The images that we</p> <p>8 obtained were limited in the fact that she -- you</p> <p>9 know, the beam just, you know, was difficult to</p> <p>10 penetrate to get to the fetus and it was a hard scan</p> <p>11 for her as opposed to an easy scan.</p> <p>12 Q. When you talk about the first two lines of</p> <p>13 the impression which is what you believe that you</p> <p>14 had written --</p> <p>15 A. Yeah.</p> <p>16 Q. -- on this report, would you have given</p> <p>17 any indication that you had any doubts as to what</p> <p>18 you were seeing or you weren't sure or -- because of</p> <p>19 this acoustically challenged scan?</p> <p>20 A. Well, the parts that were limited, we</p> <p>21 indicated. We indicated that although it was normal</p> <p>22 appearing, we felt that there were some limited</p> <p>23 views of the right side of the heart, the pulmonary</p> <p>24 veins, the aortic and pulmonary valve Dopplers were</p> <p>25 difficult to -- to get so those were -- although we</p>	<p style="text-align: right;">Page 28</p> <p>1 obesity -- maternal obesity is a risk factor; is</p> <p>2 that correct?</p> <p>3 A. Yes, it is.</p> <p>4 Q. Okay. Can maternal obesity lead to</p> <p>5 gestational diabetes?</p> <p>6 A. It is a risk factor for gestational</p> <p>7 diabetes.</p> <p>8 Q. Okay. What about macrosomia of the fetus?</p> <p>9 A. Obesity is a risk factor.</p> <p>10 Q. Okay. And can macrosomia and gestational</p> <p>11 diabetes also lead to shoulder dystocia?</p> <p>12 A. Those are both risk factors for shoulder</p> <p>13 dystocia.</p> <p>14 Q. Okay. Can you tell me what you -- if you</p> <p>15 recall anything that you reviewed in the medical</p> <p>16 records in preparation for today's deposition other</p> <p>17 than the report we just went over?</p> <p>18 A. None. Just my involvement.</p> <p>19 Q. Okay. That's all the questions I have.</p> <p>20 Thank you.</p> <p>21 CROSS-EXAMINATION</p> <p>22 BY MR. COMRAS</p> <p>23 Q. Good afternoon, Dr. Jones. My name is</p> <p>24 Manny Comras. I represent Dr. Brown. I don't have</p> <p>25 very many questions but I did want to clarify a few</p>
<p style="text-align: right;">Page 27</p> <p>1 think it was -- overall it was normal, it was, you</p> <p>2 know, limited.</p> <p>3 Q. And that was due to the -- Ms. Matthews'</p> <p>4 obesity, correct?</p> <p>5 A. Yes.</p> <p>6 Q. Okay. Sorry, I was eating my hand.</p> <p>7 A. I thought I was the only one that looks</p> <p>8 down and mumbles and turns to the side.</p> <p>9 Q. No, no. I have a bad habit of that.</p> <p>10 A. I see intelligent lawyers also do that.</p> <p>11 Q. Well, I appreciate that. I'll take the</p> <p>12 compliment.</p> <p>13 MR. KOGAN: That was off the record.</p> <p>14 THE WITNESS: Off the record. The</p> <p>15 intelligent part too.</p> <p>16 MS. KREIZINGER: David, did you mark the</p> <p>17 other one?</p> <p>18 MR. DUNHAM: Yes, it's Exhibit 3.</p> <p>19 BY MR. DUNHAM</p> <p>20 Q. Doctor, it's my understanding from your</p> <p>21 testimony earlier that you specialize in -- in high</p> <p>22 risk patients, correct?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. And I think that you already</p> <p>25 testified, and correct me if I'm wrong, that</p>	<p style="text-align: right;">Page 29</p> <p>1 things.</p> <p>2 Looking at Exhibit No. 1 which was the</p> <p>3 request for services from maternal fetus medicine, I</p> <p>4 note that there was a complication with ultrasound</p> <p>5 and it says level two, what is that?</p> <p>6 A. A level two. That's a detailed anatomy</p> <p>7 scan of the fetus. We try to look at as much of the</p> <p>8 fetal anatomy as we can. It has more images</p> <p>9 required than a standard anatomy scan.</p> <p>10 Q. And that was something that was ordered by</p> <p>11 Dr. Lopez?</p> <p>12 A. Yes.</p> <p>13 Q. And so you were carrying out that request,</p> <p>14 correct?</p> <p>15 A. I --</p> <p>16 Q. For level two ultrasound or your office</p> <p>17 was?</p> <p>18 A. My office was.</p> <p>19 Q. Right.</p> <p>20 A. Yes.</p> <p>21 Q. Okay. And you did have a chance to review</p> <p>22 the ultrasound yourself, correct?</p> <p>23 A. No.</p> <p>24 Q. Okay. You had a chance to review the</p> <p>25 ultrasound report?</p>

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<p>1 A. No.</p> <p>2 Q. You didn't review either one of them?</p> <p>3 A. No.</p> <p>4 Q. Okay. At the end of the ultrasound report</p> <p>5 that I have, it says that it was electronically</p> <p>6 signed by you. Is that --</p> <p>7 A. Which one is this?</p> <p>8 Q. -- Exhibit No. 3?</p> <p>9 A. That's a fetal echo.</p> <p>10 Q. It says obstetrical ultrasound report.</p> <p>11 A. This?</p> <p>12 Q. Yes.</p> <p>13 A. This is a fetal echo.</p> <p>14 Q. Okay.</p> <p>15 A. Not a level two.</p> <p>16 Q. That's not the level two? No, no, no, I</p> <p>17 understand that. I'm just asking if you reviewed</p> <p>18 the ultrasound.</p> <p>19 A. Which ultrasound?</p> <p>20 Q. The ultrasound that was performed on</p> <p>21 August 10th, 2011.</p> <p>22 A. Can I see what you're looking at?</p> <p>23 Q. Yeah.</p> <p>24 A. Thank you. Yes.</p> <p>25 Q. Can you confirm it with the exhibit as</p>	<p>1 A. The images that were obtained, yes.</p> <p>2 Q. Okay. And the cardiac Doppler, you had an</p> <p>3 opportunity to review that as well?</p> <p>4 A. Yes.</p> <p>5 Q. And all that was within normal limits,</p> <p>6 correct?</p> <p>7 A. Yes.</p> <p>8 Q. All right. So the only thing that was</p> <p>9 abnormal at all about this fetal echocardiogram was</p> <p>10 the fact that Mrs. Matthews was obese and there was</p> <p>11 limited image quality, correct?</p> <p>12 A. Correct.</p> <p>13 Q. All right. Obesity in and of itself does</p> <p>14 not place a patient into a high risk factor,</p> <p>15 correct?</p> <p>16 MS. KREIZINGER: Objection; misstatement</p> <p>17 of her testimony. Go ahead.</p> <p>18 THE WITNESS: Could you repeat the</p> <p>19 question?</p> <p>20 BY MR. COMRAS</p> <p>21 Q. Sure.</p> <p>22 What I said is obesity alone does not</p> <p>23 place a patient into a high risk category, correct?</p> <p>24 MS. KREIZINGER: Objection; asked and</p> <p>25 answered; misstatement of her testimony. Go</p>
Page 31	Page 33
<p>1 well, please?</p> <p>2 A. Yes I reviewed on the 10th, 2011, a fetal</p> <p>3 echo.</p> <p>4 MR. DUNHAM: And that's Exhibit 3?</p> <p>5 THE WITNESS: That's Exhibit 3.</p> <p>6 BY MR. COMRAS</p> <p>7 Q. All right. Now, looking at that fetal</p> <p>8 echo, you had an opportunity to look at the image</p> <p>9 quality and so on, correct?</p> <p>10 A. Yes.</p> <p>11 Q. All right. The image quality was</p> <p>12 considered limited; is that correct?</p> <p>13 A. Yes.</p> <p>14 Q. And that is largely because Ms. Charisse</p> <p>15 Matthews was a large woman?</p> <p>16 A. Obesity, yes.</p> <p>17 Q. All right. But the rest of the echo</p> <p>18 cardiogram was normal, correct?</p> <p>19 A. Yes.</p> <p>20 Q. All right. There's also a section above</p> <p>21 there that says anatomy scan, did you have a chance</p> <p>22 to review that as well?</p> <p>23 A. Yes.</p> <p>24 Q. All right. And was that all within normal</p> <p>25 limits as well?</p>	<p>1 ahead.</p> <p>2 THE WITNESS: Obesity is a high risk</p> <p>3 factor.</p> <p>4 BY MR. COMRAS</p> <p>5 Q. Right. But alone, is it a high risk</p> <p>6 factor for delivery in the absence of any other</p> <p>7 medical conditions?</p> <p>8 A. Could you be more specific in your</p> <p>9 question?</p> <p>10 Q. Sure. Specifically, you don't have an</p> <p>11 opinion one way or another whether or not Charisse</p> <p>12 Matthews herself was a high risk factor for delivery</p> <p>13 of this child, correct?</p> <p>14 MS. KREIZINGER: Object to the form; asked</p> <p>15 and answered. Go ahead.</p> <p>16 THE WITNESS: I have no opinion as to</p> <p>17 whether she was at the -- you know, repeat the</p> <p>18 question so I can answer it again. I'm sorry.</p> <p>19 BY MR. COMRAS</p> <p>20 Q. What I'm asking you is you don't have an</p> <p>21 opinion one way or the other whether or not Charisse</p> <p>22 Matthews was a high risk or was placed in a high</p> <p>23 risk category for delivery of her child, correct?</p> <p>24 A. Yes. Correct.</p> <p>25 Q. All right. You don't have any opinions as</p>

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<p style="text-align: right;">Page 34</p> <p>1 it relates to the standard of care regarding the</p> <p>2 delivery of this child, correct?</p> <p>3 A. Correct.</p> <p>4 Q. In fact, you haven't reviewed any of the</p> <p>5 medical records that are involved in this claim</p> <p>6 other than, of course, your records, correct?</p> <p>7 A. Correct.</p> <p>8 Q. Have you had a chance or opportunity at</p> <p>9 all to speak with Ms. Kreizinger?</p> <p>10 MS. KREIZINGER: That's me.</p> <p>11 THE WITNESS: No.</p> <p>12 BY MR. COMRAS</p> <p>13 Q. All right. So if you are called to</p> <p>14 testify at trial, you do not plan on rendering any</p> <p>15 standard of care opinions, correct?</p> <p>16 A. Correct.</p> <p>17 Q. And is it fair to say that other than what</p> <p>18 you have discussed here to today, that was your sole</p> <p>19 limited involvement in the care and treatment of</p> <p>20 Ms. Matthews?</p> <p>21 A. That's correct.</p> <p>22 MR. COMRAS: I don't have any other</p> <p>23 questions.</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 36</p> <p>1 as a result of the ultrasounds that are completed</p> <p>2 are complied with by the patient in your office?</p> <p>3 A. We try to help assist the referring</p> <p>4 physicians and try to have the patient make the</p> <p>5 appointment prior to them leaving our office.</p> <p>6 Q. Okay. So if there's a recommendation made</p> <p>7 as there was in this case on August 10th, that --</p> <p>8 an appointment for that specific recommendation</p> <p>9 would be made on that date?</p> <p>10 A. Majority of the time. Not always,</p> <p>11 depending sometimes patients don't want to make it</p> <p>12 but we try to make it.</p> <p>13 Q. Okay. And is there a mechanism in place</p> <p>14 to -- by your office to follow-up and ensure that if</p> <p>15 the patient, for whatever reason, can't make that</p> <p>16 appointment that it's rescheduled or somehow they do</p> <p>17 comply with the -- what the recommendation is?</p> <p>18 A. We try to assist by sending the referring</p> <p>19 physician some sort of notification if the patient</p> <p>20 failed to comply with our recommendations.</p> <p>21 Q. And would that be via fax, via phone call,</p> <p>22 via E-mail; how does that happen?</p> <p>23 A. Usually via fax.</p> <p>24 Q. Okay. You testified that the report which</p> <p>25 was Exhibit 3 in this case, the nice one that comes</p>
<p style="text-align: right;">Page 35</p> <p>1 CROSS-EXAMINATION</p> <p>2 BY MS. DUFFEY</p> <p>3 Q. Just briefly just to follow-up. My name</p> <p>4 is Vanessa Duffey. I represent Dr. Lopez.</p> <p>5 To follow-up on the last question that he</p> <p>6 just asked, you don't have an opinion as to the</p> <p>7 standard of care -- as to standard of care as it</p> <p>8 pertains to the prenatal treatment provided in this</p> <p>9 case, correct?</p> <p>10 A. Correct.</p> <p>11 Q. Going back to what was marked as Exhibit</p> <p>12 1, do you have it there, Exhibit 1?</p> <p>13 A. This is two, one was this one. Yes.</p> <p>14 Q. Okay. Where it says or it references your</p> <p>15 name, Dr. Jones, it says at the bottom PJ office</p> <p>16 with Dr. Jones, do you have any idea why it would</p> <p>17 specifically state your name as opposed to Dr. Morel</p> <p>18 or Dr. Guidetti?</p> <p>19 A. I have no idea.</p> <p>20 Q. Okay. Moving to Exhibit 2 where it says</p> <p>21 recommendations, it recommended the follow-up</p> <p>22 evaluation reviews, not well visualized, in two</p> <p>23 weeks. Do you see what I'm looking at?</p> <p>24 A. Yes, I do.</p> <p>25 Q. Who insures that the recommendations made</p>	<p style="text-align: right;">Page 37</p> <p>1 out you said with the letterhead, that that's</p> <p>2 automatically sent to the referring physician,</p> <p>3 correct?</p> <p>4 A. If the fax server's working, yes.</p> <p>5 Q. Okay. Can you tell me how that process</p> <p>6 works?</p> <p>7 A. That process in 2011 worked -- we would</p> <p>8 sign off of the electronic report and it would be</p> <p>9 faxed, manually faxed, by someone in the front</p> <p>10 office --</p> <p>11 Q. Okay.</p> <p>12 A. -- after they've -- after they've signed</p> <p>13 it off electronically.</p> <p>14 Q. Okay. So it's not -- it doesn't just</p> <p>15 automatically get sent via --</p> <p>16 A. In 2011, it wasn't an automatic push fax</p> <p>17 server.</p> <p>18 Q. It has to be printed out and then someone</p> <p>19 has to fax it?</p> <p>20 A. It has to be printed and then faxed in</p> <p>21 August 2011.</p> <p>22 Q. I just want to make sure. How did -- how</p> <p>23 was it that it came to be -- how were you the one</p> <p>24 that came to be the one that specifically performed</p> <p>25 the --</p>

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<p>1 A. Schedule?</p> <p>2 Q. Yes, how does the scheduling work? Thank</p> <p>3 you.</p> <p>4 A. It's a schedule. You know we assigned</p> <p>5 reading of ultrasounds on various days and we</p> <p>6 rotate.</p> <p>7 Q. Okay. So it's by chance that --</p> <p>8 A. It's by chance.</p> <p>9 Q. -- you were the one that read this one?</p> <p>10 A. By chance.</p> <p>11 Q. And prior to completing a sonogram or as</p> <p>12 in this specific case, this fetal echo cardiogram,</p> <p>13 you don't review any prior reports?</p> <p>14 A. No.</p> <p>15 MS. DUFFEY: Okay. Nothing further.</p> <p>16 MS. KREIZINGER: Can I see Exhibit 1 for a</p> <p>17 second?</p> <p>18 CROSS-EXAMINATION</p> <p>19 BY MS. KREIZINGER</p> <p>20 Q. Dr. Jones, my name is Loreen Kreizinger.</p> <p>21 I represent Charisse Matthews and the baby and the</p> <p>22 baby's father, Wayne. I just have a couple</p> <p>23 questions for you.</p> <p>24 How many different levels of ultrasounds</p> <p>25 are there? I know that Dr. Lopez ordered a level</p>	<p>1 development, things like congenital heart</p> <p>2 disease, spinal bifida, so therefore they need</p> <p>3 more detailed ultrasounds and more frequent</p> <p>4 ultrasounds. Their risk for developing</p> <p>5 diabetes, hypertension, DBT, Caesarean</p> <p>6 delivery --</p> <p>7 BY MS. KREIZINGER</p> <p>8 Q. Macrosomia?</p> <p>9 A. Birth trauma, macrosomia.</p> <p>10 Q. And you also testified that with obesity,</p> <p>11 just in general, the child can be at risk for a</p> <p>12 shoulder dystocia if you have a macrosomia, if you</p> <p>13 have gestational diabetes in the mom, correct?</p> <p>14 MR. COMRAS: Objection to form; misstates</p> <p>15 testimony.</p> <p>16 MS. DUFFEY: Join.</p> <p>17 BY MS. KREIZINGER</p> <p>18 Q. You can answer.</p> <p>19 A. You're going to have to repeat that</p> <p>20 because they --</p> <p>21 Q. Sure, yeah.</p> <p>22 A. -- distracted me with their --</p> <p>23 Q. You testified that obesity can put a OB</p> <p>24 patient at high risk for macrosomia, gestational</p> <p>25 diabetes, which in turn can put them at risk for</p>
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<p>1 two.</p> <p>2 A. Yes. So there's an anatomy scan which is</p> <p>3 a basic anatomy scan, then there's the level two,</p> <p>4 that's it.</p> <p>5 Q. And level two is more detailed?</p> <p>6 A. More detailed.</p> <p>7 Q. In terms of obesity, I know from the</p> <p>8 report that's been marked as Defendant's Exhibit No.</p> <p>9 2 it said, indication fetal echo for obesity. What</p> <p>10 does that mean to you as the physician reviewing the</p> <p>11 scan?</p> <p>12 A. We do fetal echos on women with obesity</p> <p>13 because there's reports of increased risk of</p> <p>14 congenital heart defects and more commonly spinal</p> <p>15 defects in women with BMIs greater than 30. And so</p> <p>16 when I seek fetal echo obesity, it means your BMI is</p> <p>17 greater than 30, her child's at risk for fetal</p> <p>18 congenital heart disease. My job is to make sure</p> <p>19 that there's no congenital heart disease. We do a</p> <p>20 fetal echo and that's it.</p> <p>21 Q. You also testified that obesity can put an</p> <p>22 OB patient in a high risk category; what do you mean</p> <p>23 by that?</p> <p>24 MR. COMRAS: Objection to form.</p> <p>25 THE WITNESS: The patient is at risk for</p>	<p>1 having a shoulder dystocia?</p> <p>2 MR. COMRAS: Same objection.</p> <p>3 MR. DUNHAM: Join.</p> <p>4 THE WITNESS: Yes.</p> <p>5 BY MS. KREIZINGER</p> <p>6 Q. The echo that you read on August 10th,</p> <p>7 2011, in your opinion, this child's heart was normal</p> <p>8 from the views that you looked at, correct?</p> <p>9 A. Correct.</p> <p>10 Q. You didn't see anything that was</p> <p>11 suspicious for congenital problems or to require an</p> <p>12 immediate referral to other physicians, correct?</p> <p>13 A. Correct.</p> <p>14 Q. And, in fact, I know that the mom came</p> <p>15 back and had another echo done on August 24th,</p> <p>16 2011 by Dr. Morel. My question to you is: Would</p> <p>17 you have reviewed that study or basically left that</p> <p>18 up for Dr. Morel to do the comparison?</p> <p>19 A. I would not have reviewed the follow-up.</p> <p>20 It would have been the physician who did the</p> <p>21 follow-up.</p> <p>22 Q. Okay. Have you looked in the records that</p> <p>23 Dr. Morel also found that the echo was normal?</p> <p>24 A. No.</p> <p>25 MR. DUNHAM: Objection to form.</p>

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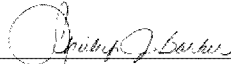
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## CERTIFICATE OF OATH

STATE OF FLORIDA )  
COUNTY OF BROWARD )

I, the undersigned authority, certify  
that DEBRA JONES, M.D. personally appeared before  
me and was duly sworn.

WITNESS my hand and official seal this  
12th day of January, 2015.



SHIRLEY J. BARBER, RPR  
Notary Public, State of Florida  
My Commission No. FF 105433  
Expires: April 21, 2018

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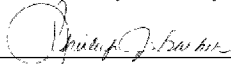
## CERTIFICATE

STATE OF FLORIDA )  
COUNTY OF BROWARD )

I, SHIRLEY J. BARBER, Registered  
Professional Reporter, and Notary Public, do  
hereby certify that I was authorized to and did  
stenographically report the foregoing deposition  
of DEBRA JONES, M.D.; that a review of the  
transcript was requested; and that the transcript  
is a true record of my stenographic notes.

I FURTHER CERTIFY that I am not a  
relative, employee, attorney, or counsel of any  
of the parties, nor am I a relative or employee  
of any of the parties' attorney or counsel  
connected with the action, nor am I financially  
interested in the action.

Dated this 12th day of January, 2015.



SHIRLEY J. BARBER  
and Notary Public

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Alpha & Omega Reporting Services, Inc.  
954-523-6422



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